TRAVEL EXPENSE CLAIM See instructions and "Privacy Statement On Reverse Side Page 1												of				
STD 262 (REV 6/93) (DHS Electronic) CLAIMANT'S NAME						SSAN OR EMPLOYEE NUMBER*					DEPART	EPARTMENT				
John C. Duncan POSITION CRID NUMBER						Ind						ustrial Relations				
400-102-9472-001					CB/ID NUMBER		Division or bureau Director's Office						INDEX NU	MBER		
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS						TELEPHONE NUMBER				
CITY STATE ZIP CODE						455 Golden Gate Avenue, 10th						<u> </u>	STATE	7101	CODE	
			CA	211	JOBE		Francis	sco,			-		CA		102	
	TH/YEAR	(3)	(4)	(5)	MEALS		(6)	(7)		IKAI	SPURTA			(8)	(9)	
3	2010	LOCATION				O.T., L/T, N/C,	INCIDEN-	(A)	(B)		(C) RFARE	i	(D) E CAR USE	BUSINESS	TOTAL	
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	RELO. OR DINNER	TALS	COST OF			OLLS ARKING		AMOUNT	EXPENSE	FOR DAY	
1	0700	Tiburon to Sacramento;					-	110.110	PC	Р	12.00		7,111,00111		TORBAT	
	1900	return								Т	4.00	184	92.00		108.00	
2	1100	San Francisco to Oakland							PC	Р	36.50					
	2030 0700	to Sacramento to Tiburon	-		!					I	4.00	183	91.50		132.00	
3	1900	Tiburon to Sacramento; return							PC	P T	20.00 4.00	184	92.00		116.00	
	0700	Tiburon to Sacramento:							PC	P	10.00	104	92.00		116.00	
10	1900	return		,		ĺ			- 0	Т	4.00	184	92.00		106.00	
11	0700	Tiburon to Sacramento;							PC	P	32.00					
	1900	return								Т	4.00	184	92.00		128.00	
16_	0700	ration					<u>.</u>			Р	20.00				114.00	
	2000	Return								T	4.00	184	92.00			
18	1600 1900	San Francisco				ĺ			PC	P	54.75			-	E475	
		San Francisco to	· .						PC	Р	14.00				54.75	
25	2000	Sacramento; to Tiburon							10	T	4.00	177	88.50		106.50	
			·							Ť			00.00			
															L	
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			i													
	· ·													-		
(10)		···.														
		OTALS						#REF!			227.25	1280	640.00	#REF!	865.25	
COL	UMN C	ODE (ACCTG USE ONLY)	· ·							###						
CLAIM TOTAL												1280		\$86	5.25	
(11)	PURPO	SE OF TRIP, REMARKS, AND D	ETAILS (At	tach rece	pts/vouch	ners when	required)	+				(12) NOI	(12) NORMAL WORK HOURS			
3/2:	Preser	ngs in Sacramento; worker tation: DWC 17th Annual	al Ed Co	nferenc	rament re-Oaki	and me	etings	in Sacr	amer	nto: 1	worked					
fron	ı DIR S	Sacramento office						III Suoi	uiiioi	110,	VVOIRCO	(13) PRI	VATE VEHI	CLE LICENS	E NUMBER	
<u>3/3:</u>	Meetin	ngs in Sacramento; worke	ed from I	OIR Sac	rament	o office	· · ·									
		leetings in Sacramento, vings in Sacramento;	vorked ir	om DIF		Mento c		ic				(14) MII	EAGE RATE	CLAIMED		
wor	ked fro	m DIR Sacramento offic	FY	INDEX	OBJ	AG	PCA		REF!	PRO	OJ-WP	(1.7) INIL		0.500		
3/18: State Comp. Insurance Board																
of Directors' mtg San Francisco 3/25: Meetings in Sacramento;								 				AGENCY ACCOUNTING OFFIC ≤ USE ONLY				
wor	ked fro	m DIR Sacramento offic			PAII						PAID BY	BY REVOLVING FUND CHECK NO.				
(15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt																
mir	nimum ra	te, I certify that the cost of operation	ting the vehi	icie was e	gual to or	greater th	nan the ra	te claime	d, and	that I	have					
CLAIMA	NT'S SI	GNATURE	0700,075	1, 0752, 0 DA	TE [(16) SIGN	4 pertaining to vehicle safety and seat beit SIGNATURE, OFFICER APPROVING TRAVEL					PAYME	PAYMENT DATE			
(17) SF	ECIAL	XPENSE AUTHORIZATION - S	IGNATURE	AND TIT	LE (See it	em 17 in i	instruction	ns)						DATE		

STATE OF CALIFORNIA